

ICD-10 Test Data Set-Up – Review Prior to Starting Testing

Testing Effective and End Dates

In order to facilitate testing both the end of ICD-9 code submission and the beginning of ICD-10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD-9 codes and claims with ICD-10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

<u>Current Test Dates</u>	
ICD-9 END DATE	09/30/2013
ICD-10 START DATE	10/01/2013

TEST DATE NOTES

1. These changes do not apply to Dental or Pharmacy claims.
2. Future dated claims are not allowed.
3. A claim must have either all ICD-9 OR all ICD-10 codes. Both versions submitted on a claim together will not be allowed and claims will be denied. It is OK to submit ICD-9 claims and ICD-10 claims in the same batch.

ICD-9 and ICD-10 Testing Effective and End Dates (Multiple ICD Version)

From Date of Service	To Date of Service	ICD Version	Results
09/30/2013	09/30/2013	1st Diagnosis = ICD-9 2nd Diagnosis = ICD-9	Pass edits for multiple ICD versions
10/01/2013	10/01/2013	1st Diagnosis = ICD-10 2nd Diagnosis = ICD-10	Pass edits for multiple ICD versions
09/30/2013	09/30/2013	1st Diagnosis = ICD-9 2nd Diagnosis = ICD-10	Deny for having multiple ICD versions present on claim (EOB 308)
10/01/2013	10/01/2013	1st Diagnosis = ICD-9 1st Surgical Procedure = ICD-10	Deny for having multiple ICD versions present on claim (EOB 306)

ICD-9 Testing Effective and End Dates

When submitting a test claim with an ICD-9 code the date of service on the claim should be prior to or equal to 09/30/2013.

From Date of Service	To Date of Service	ICD Version	Results
09/25/2013	09/30/2013	ICD-9	Pass edits for date of service and ICD version submitted
09/30/2013	09/30/2013	ICD-9	Pass edits for date of service and ICD version submitted
10/01/2013	10/01/2013	ICD-9	Deny due to ICD-9 code billed after ICD-9 end date (EOB 310)
09/30/2013	10/01/2013	ICD-9	Deny due to span dating the ICD-9 end date – claim will need to be split billed (EOB 841)

ICD-10 Testing Effective and End Dates

When submitting a test claim with an ICD-10 code the date of service on the claim should be equal to or after 10/01/2013 (dates of service should not be future dates (DOS <= current date)).

From Date of Service	To Date of Service	ICD Version	Results
09/30/2013	09/30/2013	ICD-10	Deny due to ICD-10 code billed prior to the ICD-10 start date (EOB 310)
10/01/2013	10/01/2013	ICD-10	Pass edits for date of service and ICD version submitted
10/02/2013	10/02/2013	ICD-10	Pass edits for date of service and ICD version submitted
09/30/2013	10/01/2013	ICD-10	Deny due to span dating the ICD-10 start date – claim will need to be split billed (EOB 840)

Test Data

Alabama Medicaid does not provide test data but instead provides a user acceptance test (UAT) environment that is a copy of the production environment. This data is updated twice per year.

- Recipient, Provider, Managed Care, Patient 1st assignments and Third Party Liability Policy information is refreshed monthly from production.
- Financial cycles will run twice a week. Remittance Advices (RA) will be created each Wednesday and Friday.
- Data in the UAT environment is strictly for testing.
- Production provider web logon or trading partner web logon will not work in UAT. You must contact the EMC Help Desk and request access.
- Production trading partner ID which starts with a '3' will not work in the UAT environment. You must contact the EMC Help Desk and request a testing ID

EMC Help Desk

Contact the help desk to obtain a Trading Partner ID or if unable to logon to the secure testing website.

EMC Help Desk Hours of Operation

Monday – Friday 7:00 a.m. – 8:00 p.m. CT

Saturday 9:00 a.m. – 5:00 p.m. CT

Contact Information

Telephone: (800) 456-1242

Fax: (334) 215 – 4272

Email: AlabamaSystemsEMC@hp.com

Avoiding Claims Processing Issues for Patient 1st and LTC Recipients

Recipients could have overlapping enrollments for the Long Term Care (LTC) program and the Patient 1st program during the first month after UAT is updated with a full copy of production data. Once the monthly Patient 1st assignment process runs the overlaps of Patient 1st coverage will be resolved. However to avoid claims processing issues related to LTC it is suggested that claims be submitted into UAT in the following manner:

- Submit new LTC recipient applications into UAT for recipients to be used for testing.
- If a claim denies for LTC coverage, submit an LTC application into UAT as you would in production today.
- LTC applications should be submitted for service dates that correlate to the dates of service on the claim to test both ICD-9 and ICD-10 based on the ICD-9 end date and the ICD-10 start date that has been provided.
- LTC application software is available in UAT and may be used to submit applications for recipients.
- If you require assistance with LTC or Patient 1st contact the Alabama ICD-10 testing team at: alabamaictesting@hp.com

Services that require a Prior Authorization (PA)

- PA requests should be submitted using the PA online forms when logged in as a provider on the provider web portal or by submitting a batch 278 prior authorization request.
- PA request should be submitted for service dates that correlate to the dates of service on the claim to test both ICD-9 and ICD-10 based on the ICD-9 end date and ICD-10 start date that has been provided.
- PA requests will be auto-approved once daily (M-F), so claims may be submitted on the following business day.

End to End Testing – RA/835

- In order to test full end-to-end (claims submission, adjudication and a financial cycle returning a remittance advice), you must submit a list of provider ID's to alabamaictesting@hp.com to be used in testing as a remittance link to your test trading partner ID needs to be established.